



Editorial

The major theme in this issue of *Healthcare Quarterly* is the integration of health services at the community level. We begin with an article by Rose Anne Devlin, Sisira Sarma and William Hogg, who describe how primary care physicians are remunerated as an important component of healthcare reform debates in Canada. This paper contributes to the policy debate by drawing together the theoretical insights gained from existing economic theory and evidence on how payment schemes affect physicians' behaviour. Several policy implications for the efficient and effective remuneration of physicians emerge from the analysis, as do directions for future research.

Improving Linkages between Family Physicians and Hospitals is the focus of a paper by Sheryl Farrar, Don Collins-Williams and June Kingston. They explore how hospitals, as social pillars and hubs of medical activity, can be a great influence and supporter of family physicians and primary healthcare, which will in turn improve the health of their communities. The paper discusses general linkages between family physicians and hospitals and the development of a specific program to enhance these linkages created at a large community hospital in Ontario.

We also continue with our series on Ontario's wait time strategy (Part 2) by Joann Trypuc, Alan Hudson and Hugh MacLeod. In this paper the authors describe how expert panels are making a significant contribution to the success of Ontario's Wait Time Strategy by shaping the strategy, creating momentum for widespread change and impacting on the policies and decisions related to this initiative.

Ronald Lagoe, Theodore Pasinski, Paul Kronenberg, Thomas Quinn and Phillip Schaengold present a study describing a series of interventions linking hospitals, medical staff physicians, long-term care providers and mental health services in the metropolitan area of Syracuse, New York.

Shawn Jolemore and Dan Steeves report on a tobacco treatment and cessation program within Nova Scotia's Capital Health District. Inspired by Nova Scotia's comprehensive Tobacco Control Strategy, and in an effort to support Capital Health's 100% smoke-free policy, the Addiction Prevention and Treatment Services (APTS) branch of Capital District Health Authority researched, designed and implemented an innovative tobacco intervention program.

In our section on Futurethink, Adalsteinn D. Brown, Christina Porcellato and Jan Barnsley present their views on "Accountability" as the suitcase word in Canadian healthcare. As policy-makers, managers, researchers and providers, the authors suggest we pack accountability with meaning, carry it around with us and open it up to explain everything from the quality of our relationships with and expectations of one another, to our requirements for more transparency in the use of resources,

to our diagnosis of problems and remedies for improving our healthcare system

Finally, for your amusement, we thought you might like an article previously published in the *Journal of the Royal Society of Medicine* (Vol. 98 Dec. 2005) by Andrew D. Oxman, David L. Sackett, Iain Chalmers and Trine E. Prescott. The authors provide their own unique analysis of reorganization in healthcare. They conclude that they did not find anything worth reading in their mega-analysis in the literature and propose the establishment of ethics committees to review all future reorganizations.

In this issue of *Longwoods Review* we reprinted the article from *Health Affairs* entitled "The 100,000 Lives Campaign: Crystallizing Standards of Care for Hospitals," by Alice G. Gosfield and James L. Reinertsen. The 100,000 Lives Campaign has the attention of U.S. hospitals, professional groups and the media. Its aim has been endorsed, and its planks are being implemented, by more than 2,300 diverse hospitals in every state. The campaign is based on six evidence-based "planks" that, if implemented, will save 100,000 lives per year. The authors posit that the six planks of the campaign have become national standards of care and propose four theories of liability for hospitals that ignore the campaign or fail to implement its planks. As a result of the campaign, hospitals and their boards now face a legal incentive to reduce needless deaths through six specific interventions.

A commentary on Gosfield and Reinertsen's paper is provided by Maura Davies, CEO of the Saskatoon Health Region. As well, we have included an interview with Jim Reinertsen, conducted by Ross Baker, Canada's expert in healthcare quality and patient safety.

I would also like to draw your attention to the newest Longwoods journal – *World Health & Population*, available only online. The feature article in the latest issue is "Family Caregiving for AIDS Patients in the Democratic Republic of Congo," by Thomas Matukala Nkosi, Walter Kipp, Lory Laing and Judy Mill. The authors conducted a qualitative study of women who were caregivers for HIV/AIDS-affected spouses in Bumbu Zone, Kinshasa, Democratic Republic of Congo in 2003. Twelve caregiving women, six home-based care workers and five key informants were interviewed via focus group discussions. Most women reported huge problems in providing care to their spouses due to psychological, social and economic factors.

In conclusion, we think we have provided an exciting array of papers for your interest – many responding to your request for a more international perspective. We listen!

– Peggy Leatt, PhD